

## ANIMAL DISEASE TRACEABILITY

Tony Frazier, DVM, State Veterinarian

## PREMISES REGISTRATION FORM

	First	Middle Initial	Last
		Widele Initial	
Secondary Contact:	Finat	Middle Initial	Last
		Middle Initial	
City:	State:	Zip: (	County:
	ess Type:Individual	lPartnershipLimited Libility ttedLimited Liability Partnership _	Corparation —Non-profit Organization
Opera (check)	tion Type:Producer all that apply)Market/CoQuarantin	Unit/FarmClinicExhibition ollection PointNon-producer Partici ne FacilityRendering Slaughter Plan	Laboratory pantPort of Entry tTagging Site
Phone Number:		Business	Home Cell Fax
Phone Number:		Business	Home Cell Fax
Producer/Contact Sign  Busit  Premises Information (Primary location where livestock	ness/Farm Nam n: resides, if more than one locati	<b>1e:</b> on and animals are managed separately, a	oply for mutilple premises ID's)
Producer/Contact Sign  Busit  Premises Information (Primary location where livestock  Premises name/descri (If different from mailing address) Premises Address:	ness/Farm Nam n: resides, if more than one locati iption:	<b>1e:</b> on and animals are managed separately, a <sub>l</sub>	oply for mutilple premises ID's) (example "home place," "heifer place",
Producer/Contact Sign  Busin  Premises Information (Primary location where livestock  Premises name/descri (If different from mailing addres.) Premises Address:  City:	ness/Farm Nam n: resides, if more than one locati iption: State:	<b>1e:</b> on and animals are managed separately, ap	oply for mutilple premises ID's) (example "home place," "heifer place",
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Producer/Contact Sign  Busit  Premises Information (Primary location where livestock  Premises name/descrift different from mailing address. Premises Address: City: Premises Type:	ness/Farm Nam  i: resides, if more than one locati iption: State: Producer Unit/FarmNon-producer Participan	on and animals are managed separately, ap Zip:Coul _ClinicExhibitionLaboratory atPort of EntryQuarantine logging Site  wineSheepGoatsH	oply for mutilple premises ID's)(example "home place," "heifer place", nty:Market/Collection Point FacilityRendering

Return forms to:

Alabama Dept. of Agriculture Attn: Premisis Registration 1445 Federal Drive Montomgery, AL 36107 Fax: 334/240-7198 For questions, contact:

Premises support Phone: 334/240-7253

Email: animalid.premises@agi.alabama.gov